Future Directions for Mental Health Services in Alberta

Alberta

92-04039/

Message from the Honourable Nancy Betkowski, Minister of Health

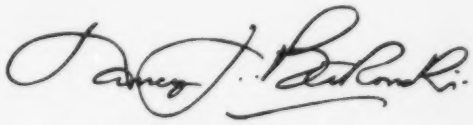
In November of 1988, following discussion with my Cabinet colleagues, I released for public consultation the document ***Mental Health Services in Alberta.*** *Its purpose was to encourage discussion and to obtain advice regarding the general policies that should guide the development and delivery of mental health services in Alberta. I am now very pleased to share with you* ***Future Directions for Mental Health Services in Alberta*** *a statement of mental health policy for the province.*

As a Government, we waited for the submission of a number of major reports whose recommendations could have significant impact on mental health services before releasing this policy statement. Specifically, they are the Rainbow Report of the Premier's Commission on Future Health Care for Albertans, the Action Plan of the Premier's Council on the Status of Persons with Disabilities, An Agenda for Action from the Advisory Committee on the Utilization of Medical Services, and Claiming My Future prepared by my colleague, the Honourable Roy Brassard. The policy for mental health presented here is in keeping with the recommendations of these reports. Particularly, it respects the right of Albertans disabled by a mental illness to obtain care in community settings, and to live as full and independent lives as possible. As well, it gives Albertans more say in the planning and delivery of services within their regions of the Province. Further, the seven guiding principles outlined in this document build upon those in ***Caring and Responsibility: A Statement of Social Policy for Alberta.***

I would like to thank the many Albertans who personally wrote me with their comments on the discussion paper. Many others participated in activities like the Mental Health Forum sponsored by the Premier's Commission on Future Health Care for Albertans in May of 1989 or the Sharing Solutions Workshop in Edmonton in October 1989. Their comments and insights were helpful and are very much appreciated.

One area warrants brief elaboration. Community care alternatives, which diminish the reliance on expensive inpatient treatment programs, will be encouraged. Nevertheless, we all must recognize hospitals are part of their communities, and a need for many of their programs will continue into the future. My hope is that all care providers will join together to provide the balance and choice in programs and services required by those persons in need.

As you read this, we have already taken the first step in working together by initiating a collaborative strategic planning exercise for the mental health service delivery system. This exercise will result in a provincial framework for the delivery of mental health services based on the policy contained herein, and will provide a blueprint for action on mental health care in Alberta. I call upon all Albertans to work cooperatively in resolving the challenges and building a better system of mental health care for all of us.



The Honourable Nancy J. Betkowski
Minister of Health

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The participation and consultation offered by representatives of Alberta Solicitor General, Alberta Education, Alberta Family and Social Services, and the Alberta Alcohol and Drug Abuse Commission are gratefully acknowledged.

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Mission of Alberta's Mental Health System

The mission of Alberta's mental health system is to promote, to preserve, and to restore the mental health of Albertans. This mission will be achieved through the equitable, effective, efficient and accountable delivery of services and programs in response to the needs of Albertans.

I. Introduction and Background

As the citizens of Alberta consider developing a mental health system that will meet our needs into the next century, it is helpful to summarize the major events of the recent past that have been instrumental in creating the system we have today. Some highlights in its development are:

1967 **Mental Health in Alberta: A Report on the Mental Health Study,** also known as the Blair Report, was approved in principle by the Alberta Government.

1972 **Mental Health Act** passed. This Act also established Provincial and Regional Mental Health Councils, which advised the Minister.

1974 the **Alberta Mental Health Research Fund** was established.

1979 The **Provincial Suicide Prevention Program** and the **Suicide Prevention Provincial Advisory Committee** were established.

1980 Premier Peter Lougheed received the **Canadian Mental Health Association Award for Significant Achievement in Mental Health.** Alberta was the first province in Canada to receive full accreditation for its community mental health service.

At the government's request the report, **The Challenge for Psychiatric Care in Edmonton and Northern Alberta - An Action Program for the 1980's** was prepared.

1982 Management of **Alberta Hospitals Edmonton and Ponoka** was given to ministerially appointed boards.

1983 The **Drewry Task Force** tabled its recommendations regarding the Mental Health Act (1972).

The Southern Alberta Study of Psychiatric Needs and Provisions was released.

1984 The first **Regional Psychiatric Services Planning Committee** was established to foster more coordination and cooperation in planning among service providers.

1986 Two reports addressing the needs of children were released: **Expanding the Circle - A Community Approach to Children's Mental Health** and **Exploring the Circle - A Journey into Native Children's Mental Health.**

1989 The **Suicide Prevention Provincial Advisory Committee** was discontinued on the recommendation of the members. (A new ministerial committee is now responsible for advising the Minister on suicide and its prevention, while the Mental Health Division administers the suicide prevention programs.)

1990 The **new Mental Health Act** which recognizes the Canadian Charter of Rights and Freedoms, as well as recent changes in mental health practice was proclaimed.

The Provincial Mental Health Advisory Council and Regional Mental Health Councils were discontinued when the new Mental Health Act was proclaimed. The **Provincial Advisory Committee on Mental Health Issues** (PACMHI) was created by ministerial order.

The **Mental Health Patient Advocate** was appointed.

1991 **Regional Mental Health Planning Committees** were established to coordinate and plan service delivery. These new committees replaced the former Regional Psychiatric Services Planning Committees.

II. Description of Mental Health Services in Alberta

Mental health services in Alberta are delivered through government departments, hospitals, community agencies and private practitioners. The components of the province's mental health delivery system are shown in Table 1 on page 7. This view of the system is from the perspective of the four Government departments (Health, Solicitor General, Family and Social Services, and Education) and the Alberta Alcohol and Drug Abuse Commission. The major responsibility for funding and delivery rests with Alberta Health and its funded agencies. Activities of these departments and the Commission are coordinated through provincial and regional meetings of designated senior officials.

Consumer, care provider, stakeholder and citizen input is obtained through a number of advisory mechanisms. The most prominent of these mechanisms are the Provincial Advisory Committee on Mental Health Issues and the regional planning committees. As well, recognition must be given to the important role that private practice professionals and other community support providers play within the mental health care delivery system.

Alberta Health

- **Community Mental Health Clinics** provide community-based assessment, diagnostic and treatment services in over 50 permanent mental health clinics and about 40 travelling clinics serving rural areas.
- **Community Agency Support Services of the Mental Health Division** funds individuals (approved home program) and over 50 non-governmental agencies that provide community residences, day programs, or support services to help people with mental disorders live in the community.
- **Suicide Prevention Program** funds community-operated suicide prevention and crisis intervention services; also conducts program consultation, policy development, public education, and research through the Office of the Provincial Suicidologist.
- **Health Units** provide preventive, referral, treatment, rehabilitative and support services to clients with mental health needs, through the Home Care and Community Health Nursing Programs.
- **General Hospital Psychiatric Programs** offer acute inpatient treatment and outpatient services at 14 hospitals in the province. In addition, psychiatric programs for populations with special care needs such as children, offenders and older persons are provided in several hospitals.
- **Mental Health Hospitals** in Edmonton and Ponoka provide specialized acute treatment, rehabilitation, and geriatric psychiatry services. Alberta Hospital Edmonton operates a forensic services program; Alberta Hospital Ponoka has substance abuse and brain-injury programs.
- **Extended Care Centres** provide inpatient care, day programs, and long-term care for chronically mentally ill adults at three institutions: Claresholm Care Centre, Raymond Care Centre, and Rosehaven Care Centre.
- **Long Term Care Facilities,** which include auxiliary hospitals and nursing homes, care for persons with both physical and mental health care needs.
- **Alberta Health Care Insurance Plan (AHCIP)** pays physicians and psychiatrists for mental health services covered by the Schedule of Medical Benefits.

Table 1: Mental Health Service Delivery in Alberta

Alberta Health
- Community Mental Health Clinics
- Community Agency Support Services
- Suicide Prevention Program
- Health Units (Public Health Programs)
- Alberta Health Care Insurance Plan (AHCIP)
- General Hospital Psychiatric Programs
- Mental Health Hospital Programs
- Long Term Care Facilities
- Extended Care Centres

Alberta Solicitor General
- Assessment and treatment services for offenders in community corrections programs and in correctional centres

Alberta Education
- Academic and career counselling for students
- Guidance and counselling services.
- Life skills and related courses

Alberta Family and Social Services
- Assessment and treatment services for Child Welfare clients
- Family and Community Support Services
- Some direct services for persons in residential facilities

Alberta Alcohol and Drug Abuse Commission
- Prevention and Education Services
- Outpatient Services
- Residential Services

Advisory/Advocacy Groups
- Provincial Advisory Committee on Mental Health Issues
- Mental Health Patient Advocate
- Regional Mental Health Planning Committees
- Consumer Advocacy groups
- Premier's Council on the Status of Persons with Disabilities

Private Practice Professionals
- Psychiatrists
- Psychologists
- Family Physicians/General Practitioners
- Social Workers

Other Community Support
- Clergy
- Volunteers
- Self-help groups

Alberta Alcohol and Drug Abuse Commission (AADAC)

- **Prevention and education services** operate or fund prevention and education programs throughout Alberta and assist communities to develop initiatives against alcohol and other drug abuse.
- **Outpatient services** are provided through alcohol and drug abuse clinics, and through funding of community-based programs.
- **Residential services** provide residential alcohol and drug treatment programs, and fund autonomous, community-based programs providing inpatient detoxification, treatment, shelter, or residential halfway house services.

Alberta Solicitor General

- **Assessment and treatment services** are provided for young and adult offenders in correctional centres and community corrections programs.

Alberta Education

- **School counsellors and psychologists,** in addition to providing academic and career counselling, provide comprehensive guidance and counselling services aimed at promoting positive mental health among Alberta's youth. Further, **teachers and schools** create environments essential to promoting and developing mental well-being in students through programs such as Health and Career and Life Management.

Alberta Family and Social Services

- **Assessment and Treatment Services** are provided or purchased for its clients, most of whom are children requiring protection, and their families. This includes mental health services within department-operated and contracted residential treatment facilities for children and adolescents who have a child welfare status. In addition, services for adults with mental handicaps incorporate some mental health components.
- **Family and Community Support Services** issues grants to municipalities for local prevention and social support programs.

Advisory and Advocacy Groups

- The **Provincial Advisory Committee on Mental Health Issues** provides an opportunity for citizens and representatives of consumers to have a formal role within the mental health system. It advises the Minister of Health on the concerns of Albertans with respect to their mental health, on suicide prevention, and on the development of the service delivery system.
- **Regional Mental Health Planning Committees** with responsibility for psychiatric and mental health services have an active and important role in coordinating and planning service delivery within their regions of the Province.
- The **Mental Health Patient Advocate** reports directly to the Minister of Health, and is responsible for ensuring that the rights of persons involuntarily or formally admitted for treatment in designated general hospitals and the two mental health hospitals are respected.
- The mandate of the **Premier's Council on the Status of Persons with Disabilities** includes persons with both physical and mental disabilities.
- **Consumer advocacy groups,** for example the Canadian Mental Health Association (CMHA) and the Schizophrenia Society of Alberta, play an important role in representing the concerns and needs of persons with mental health problems. Some groups like CMHA are also involved in providing community mental health support services.

Private Practice Professionals

- **Psychiatrists, family physicians, and general practitioners** provide a substantial amount of psychiatric services and related medical services which are paid through the Alberta Health Care Insurance Plan (AHCIP).
- **Psychologists and social workers** also provide mental health services through private practices on a fee-for-service basis.

Other Community Support

- Clergy, volunteers, and self-help groups play an important and valued role in the provision of mental health services.

III. Mission and General Principles

The general principles outlined below are consistent with the mission of Alberta's mental health system:

> *The mission of Alberta's mental health system is to promote, to preserve, and to restore the mental health of Albertans. This mission will be achieved through the equitable, effective, efficient and accountable delivery of services and programs in response to the needs of Albertans.*

In order to improve the mental well being of all Albertans, the following general principles will be the basis for developing programs and delivering services:

Participation
Mental health services should be provided and developed through a partnership that allows for the full participation of all Albertans – clients, their families and friends, health care professionals, community agencies, and all levels of government.

Continuity of Care
Mental health services should be planned and delivered in a cooperative and collaborative manner which provides continuity of care for individuals and a continuum of services for all Albertans.

Focus on Independence
Mental health policies, programs and services should help Albertans with mental health problems to live as independent and self-sufficient lives in the community as their care needs permit.

Community care alternatives for individuals in need should be used, whenever appropriate, before providing more intensive inpatient care.

Efficiency
Clients and service providers should use services and resources efficiently and responsibly.

Appropriateness
Mental health services should be appropriate to an individual's needs.

Accessibility
Albertans should have fair access to mental health services and to information and decisions regarding their own care.

Accountability
Alberta Health will encourage accountability within the mental health system.

IV. A Model for Mental Health Service Delivery

The principles provide a sound base for the development of the Alberta model of mental health service delivery. The model is illustrated in ***Figure 1*** on page 10. It will help address the eight challenges facing the service delivery system; these are discussed further in the next section. They are:

- Development of the **continuum of care** by emphasizing the most appropriate level of care consistent with client needs, and with an emphasis on community care programs.
- Improvement of **coordination** among the mental health services in the continuum of care and the strengthening of links and collaboration among the various services.
- Establishment of **service priorities** and **allocation of resources** consistent with these priorities.
- Integration of the principles of **prevention and promotion to mental health** and across the continuum of care.
- Retention of an **interdisciplinary approach** in the provision of mental health services.
- Integration of and **sharing of information** regarding mental health services.
- Recognition of the needs of **special groups** for services at all levels of the continuum of care.
- Improvement of **accountability** by Alberta Health and the service providers it funds.

Within the model, clients have available services which can be grouped into four components, ranging from least to most intensive. Each component would have the capacity to provide specialized services to various groups, such as children, the elderly, and persons chronically disabled by mental illness. Regardless of where a client obtains services, the importance of appropriate support systems (family, residential, educational, employment, financial, social and recreational) will be recognized.

The four components of the model are presented below. The major services are listed from least to most intensive.

- **Prevention and Promotion Programs**
- **Community Support Network**
- **Community-Based Services**
- **Inpatient Services**
  - Acute Care
  - Continuing Care
  - Specialized Care

The Mental Health Division of Alberta Health plays and will continue to play a leadership role in planning and implementing the Mental Health Services Delivery Model.

Figure 1: The Mental Health Services in Alberta Model

Relationship of Components

Figure 1 illustrates the four components of the model and their relationship to each other.

The left side of the figure represents entry into the mental health system; the right side represents post-entry activity within the system, leading to discharge.

The area at the bottom of ***Figure 1*** indicates that a patient's need may dictate entry into more or less intensive program or service along the continuum of care. Similarly, discharge rather than referral to another level of care may occur at any point of service. Promotion and prevention programs are usually aimed at the general public. Thus, formal entry and discharge do not occur in the same way as for other programs on the continuum.

A person's specific needs or the severity of his/her mental illness determines which services are most appropriate for the client. If a client's mental well-being deteriorates gradually, he or she may use each service along the continuum in turn – moving from least to most intensive care. As a client's condition improves, he or she may be discharged from programs in a similar manner.

This model represents a conceptual framework for viewing the general components of the mental health services delivery system. Client movement in or out of a component of the system is contingent upon an assessment of the individual's current condition and tailoring of services to meet individual needs.

Geographical and Demographic Considerations

Three mental health service levels are available in Alberta; they are depicted in ***Figure 2*** on page 11. The different levels of service are determined by geographic and demographic considerations and can be described as follows:

- Generic – access within a reasonable distance to a mental health worker, a physician and care at a general hospital.
- Regional – access to a psychiatric program, community residential services, and some specialized services for various groups, in addition to the generic service mentioned above.
- Specialized – access to specialized services.

Prevention, mental health promotion and public awareness programs could be provided within all levels of service.

Unique challenges exist in meeting the mental health needs of Albertans living in rural and remote locations. These include the demand for services, distance from services, lack of community support systems, and difficulties in recruitment and retention of mental health professionals. Generally, specialized services will be located in urban or regional centres rather than in smaller rural communities, while generic services will be more widely distributed and more readily accessible. Nevertheless, ways must exist for individuals to obtain regional and specialized services when they require them.

Figure 2: Levels of Service related to Geographic and Demographic Factors

Specialized Services
Regional Services
Access to psychiatric program and community residential services with some specialization.
Generic - Basic Services
Access to mental health worker, physician, and a general hospital

V. Issues Affecting the Future of Mental Health Services in Alberta

In the previous section, eight major challenges that will affect the future of mental health services in Alberta were identified. They are:

- Developing the Continuum of Care
- Improving Service Coordination
- Service Priorities and Allocation of Resources
- Prevention and Mental Health Promotion
- Staffing and Recruitment
- Information Systems
- Services for Special Needs Groups
- Accountability

In this section, each issue is briefly described, and the directions for addressing it are outlined.

Developing the Continuum of Care

Description of Issue

Currently, mental health services include a range of programs from community treatment and support to acute and long term inpatient care. Clients may enter the formal mental health system at any point along the continuum but do not always obtain the least intensive service that is appropriate to their level of need.

In recognition of demand for independence and personal control, preference will be given to the provision of community and other ambulatory care services that maintain persons with mental illness in their homes and communities. Inpatient programs have and will continue to make an important contribution and when appropriate, these programs will be enhanced in response to the needs of clients.

Goals

a) To ensure the most appropriate care consistent with accepted standards of quality and with the needs of clients and families.

b) To increase support for existing non-institutional services that have been shown to be effective and efficient.

c) To increase the range and number of community-based services and encourage health professionals

and the public to use these services as alternatives to hospitalization. Support will be given to developing more:

- community/ family/ home support services
- emergency/crisis intervention services
- day treatment programs
- community residential services
- supported employment in the work force, sheltered employment and vocational rehabilitation programs
- school based programs.

d) To increase involvement of hospitals in community-based mental health services, especially through early discharge and day treatment programs.

e) To emphasize community services as the first point of entry to the system.

f) To facilitate movement from one level of service in the continuum to another, where appropriate, emphasizing the most effective intervention.

g) To identify and eliminate gaps and duplication in service delivery.

h) To ensure that funding for mental health services is consistent with the guiding principles stated earlier in this document.

Improving Service Coordination

Description of the Issue

As described in Section II, mental health services are delivered through a number of government departments, hospitals, funded agencies, private practitioners and volunteer organizations. With the long- term trend toward deinstitutionalization, coordination between community and hospital programs has become increasingly important. The aim is to enable clients and their families to receive a broad range of services appropriate to their needs and to ensure that gaps in their continuity of care are eliminated. Nevertheless, coordination among Government Departments with various responsibilities for planning, monitoring and funding programs and services also needs attention. Effective coordination and collaboration among various Government Departments is required to address specific challenges that often involve more than health issues. Two recent examples of challenges that have been addressed through effective involvement of affected Departments are the **Special Education Review** and the work of the **Interdepartmental Committee on Family Violence.**

Goals

a) To establish regional planning committees with a clear and strong mandate for coordinating and planning mental health services, which are responsive to the needs of local residents.

b) To foster cooperation and coordination among the various government agencies with responsibilities for, or interest in, mental health through means like the Interdepartmental Committee on Mental Health, the Special Education Review, and the Interdepartmental Committee on Family Violence.

c) To encourage coordinating strategies such as cross-appointments, space-sharing, and joint contracts between service providers.

d) To encourage greater participation of clients, their families, and citizens-at-large in the development of mental health services through the Provincial Advisory Committee on Mental Health Issues, regional mental health planning committees, and in other appropriate ways.

Service Priorities and Allocation of Resources

Description of the Issue

Currently, because service providers plan their programs independently and largely determine their own priorities, resources are allocated on a service-by-service basis rather than as part of an overall plan. In addition, the needs and concerns of residents and providers vary by geographical location.

Goals

a) To ensure that priorities are clearly stated, and that planning and resource allocation are consistent with these priorities.

b) To clarify expected levels of service provision according to geographical location.

c) To encourage equity in allocation of resources among service providers and among areas of the province, while bearing in mind the geographic and demographic consideration described earlier.

d) To encourage planning for regional services, and allocation of resources according to established provincial priorities and local needs.

e) To foster the development of solutions for addressing service needs of rural and remote parts of the province.

Prevention and Mental Health Promotion

Description of the Issue

Primary prevention may result in a decrease in the incidence and severity of mental disorders, especially when targeted at high-risk groups. More general primary prevention may also be of value. However, government services and funding have historically emphasized the treatment of mental illness more than the prevention of mental disorders or the promotion of mental health. Increased emphasis on prevention and promotion of mental health will complement existing treatment programs.

Goals

a) To develop prevention programs aimed at identified target groups such as victims of family violence and single parents.

b) To increase support for existing promotion and prevention activities, especially suicide prevention.

c) To coordinate provincial activities with the federal government's prevention and mental health promotion programs.

d) To encourage private agencies and organizations to undertake more mental health promotion through funding incentives.

e) To encourage public awareness programs which address the nature of mental illness, the stigma associated with mental illness and availability of treatment services.

f) To encourage broad involvement in mental health, especially through collaboration with educational authorities, volunteers and other agencies.

Staffing and Recruitment

Description of the Issue

Shortage of mental health professionals, difficulty in recruiting to rural areas, and changing demands within the mental health system result in staffing and recruitment problems for service providers. Currently there is a shortage of professionals with expertise to treat groups with special needs such as children, the elderly, persons chronically disabled by mental illness, natives, offenders, and persons with mental handicaps and mental disorders.

Goals

a) To support and, when necessary, initiate health human resource planning aimed at ensuring adequate numbers of qualified professionals are available to address the mental health needs of Albertans.

b) To encourage universities and other post-secondary institutions to incorporate mental health training into the curricula of all health care professions.

c) To develop effective recruitment and retention strategies to minimize the impact of staff turnover and vacancies, especially in rural areas.

d) To encourage service providers to work together when recruiting staff and providing a supportive working environment for their employees.

e) To ensure that specialized training is provided to allow professionals to work effectively with special needs groups.

f) To continually enhance the knowledge and skills of all mental health professionals.

g) To increase the use of consulting health professionals in rural Alberta.

h) To promote a collaborative, interdisciplinary approach to the provision of mental health services.

Information Systems

Description of the Issue

Currently, several free-standing mental health information systems exist, operating with different priorities, data bases, data-entry policies and procedures. If they could be more effectively coordinated, joint service planning would be more easily completed.

Goals

a) To prepare a comprehensive information technology strategic plan that identifies the systems applications, data and technology necessary to achieve the mission and goals of the mental health care delivery system.

b) To encourage the development of information systems that both enhance the quality of care and foster accountability within Alberta's mental health system.

Accountability

Description of the Issue

In managing the health care system, we are faced on the one hand with the desire to decentralize authority and responsibility in order to increase responsiveness, and on the other to centralize authority to ensure control and adherence to a provincial plan. Recently, concern has arisen among citizens, health care providers, administrators, governments and other participants in the health care system, and within it the mental health sector, that services provided must make a demonstrable difference to the health of Albertans. All stakeholders are demanding accountability to ensure that programs and services have the desired effect. Goals for the health care system and its mental health programs must be available in order that progress can be measured.

Alberta Health is prepared to work with providers, advocacy groups, and clients to develop program objectives to guide in the planning and delivery of the best possible mental health services to Albertans.

Goals

a) To develop long term goals, which focus on outcomes, for the mental health service delivery system.

b) To encourage mental health research, especially in areas that contribute to more effective planning and service delivery.

c) To foster activities and encourage development of infrastructures that support regional planning within a provincial framework.

d) To encourage greater accountability in the mental health system through evaluation, quality assurance and related activities for all types of mental health programs.

Services for Persons with Special Needs

Description of the Issue

Service delivery for persons with special needs is complex, making planning and coordination at all levels extremely important. These persons can be categorized by age, diagnosis and other characteristics. Eight groups of persons have been singled out because of their more pressing needs: children, the elderly, persons chronically disabled by mental illness, natives, offenders, persons with mental handicaps and mental disorders, persons affected by family violence, and immigrants and refugees. Services for these populations require some degree of specialization within the mental health system. Although these groups have been singled out, many other groups, for example, persons with a diagnosis of a mental disorders and substance abuse, also require programs and services.

- **Children**

One consequence of legislation such as the Child Welfare Act and Young Offenders Act has been an increased demand for assessment and treatment services. In addition, the needs of children and families, whose needs are outside these legislative provisions, are often unprovided for.

- **Elderly**

The proportion of elderly persons with psychiatric problems is relatively high compared to other age groups, largely because this group is subject to particular disorders such as Alzheimer's disease. The interaction between physical and mental wellbeing is especially important; depression and suicide occur with high frequency in this age group. Although several geriatric psychiatry initiatives are underway, the specialized needs of this group will continue to require attention.

- **Persons Chronically Disabled by Mental Illness**

Persons chronically disabled by mental illness continue to require extensive services. While they receive service in the existing system, the magnitude of their specialized needs requires additional attention. Successful deinstitutionalization is dependent on careful planning and service coordination at all levels of the continuum, including the provision of day programs, crisis intervention services, residential options and community support.

• **Natives**
The uniqueness of native culture, coupled with high rates of suicide, substance abuse and family breakdown in the native population, underscores the need for services specifically aimed at the native population. Many of these special concerns were addressed during consultation on the document, Exploring the Circle (1986), and the Mental Health Division of Alberta Health has started working with service providers and native groups on implementing the recommendations.

• **Offenders**
An estimated 15% and 20% of the offender population is mentally ill. This group includes incarcerated offenders as well as offenders under various forms of community supervision. The demand for services has also increased because recent legislation places more emphasis on assessment and treatment.

• **Persons with Mental Handicaps and Mental Disorders**
Services for the mentally handicapped are provided or funded by Family and Social Services; however, individuals with both a mental handicap and a mental illness have complex needs which require special attention. Collaboration between service providers is especially important for such persons.

• **Persons affected by Family Violence**
A number of reviews and reports have focused attention on the extent and prevalence of family violence, its consequences for both victims and perpetrators, and the need for action to address this social problem. In addition, researchers have reported that often persons affected by family violence have mental health problems. In response to this challenge, the Interdepartmental Committee on Family Violence in its report proposes that Alberta Health's mandate be expanded to include health services for victims and perpetrators of family violence.

• **Immigrants and Refugees**
The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees reported, "Migration per se does not predict an increased risk of mental disorder. However, when [certain contingencies] occur, they increase the risk of developing mental disorder." Immigrants and refugees with the following characteristics are at greater risk: decline in socio-economic status, language difficulty, isolated from family and familiar culture, young or old age at time of immigration, and traumatic experience or prolonged stress prior to migration. The latter is especially true of refugees who may have experienced the devastation of war and other personal suffering. In developing mental health programs, the special needs of these new Albertans must be addressed.

Goals

a) To provide quality mental health services to all Albertans, but also to develop programs for the specialized needs of some groups. Initially children, elderly, persons with chronic mental illnesses, natives, offenders, persons with mental handicaps and mental disorders, persons affected by family violence, and immigrants and refugees have been identified as requiring special attention.

b) To more clearly assign responsibility for funding, planning, and providing services to such groups with special needs.

c) To ensure appropriate representation from stakeholders in the planning of services for persons with special needs.

d) To ensure that coordination of services for persons with special needs is occurring at all levels through established mechanisms and bodies.

e) To ensure coordination and follow through on related government efforts like those on family violence, when developing services and programs for persons with special needs.

VI. Mandate and Policy

To summarize, the policy direction outlined in this paper provides:

a) for increased coordination of mental health services across the continuum of care and within all levels of the service delivery system.

b) for an emphasis on the development of new initiatives focusing on community and ambulatory care programs that maintain persons with mental illness in their homes and communities.

c) for assigning service priority to:
- children
- elderly
- persons chronically disabled by mental illness
- natives
- offenders
- persons with mental handicaps and mental disorders
- persons affected by family violence
- immigrants and refugees

d) for the availability of basic mental health services within a reasonable distance to all Albertans, with ready referral to more specialized services as required.